

# Meeting Overview

## Voices Making Choices, Communities Creating Change—an RCSP Gathering

This gathering of the Recovery Community Support Program (RCSP) grantees, sponsored by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT), was the third and final annual conference for the 19 projects funded in 1998. Almost 200 project members attended.

### ■ Honoring Transitions and Accomplishments

*"Recovery is not about endings, or even about beginnings. It is about embracing change, because change, when embraced, means the possibility of growth."*

*Grantee Member  
Conference Planning Committee*

Although this was the final meeting of the RCSP projects, the grantees who helped plan the meeting had chosen to focus, not on endings, but on transitions. The Conference Planning Committee had opted for reflecting, sharing, and celebrating collective experiences.

Clearly, one reality of the gathering overshadowed all others—being present at the emergence of a new community adding its voice to the public dialogue about addiction, treatment, and recovery.

## The Hoop Ceremony

The evening before the conference opened, the Circles of Recovery (White Bison) project had invited everyone to share in “The Journey of the Hoop.” This is a journey celebrating “wellbriety,” the name given to recovery, healing, growth, and transformation in Indian Country. The ceremony moved the participants and reinforced the sense of common purpose and vision that animates the RCSP grantees.

“The elders told us that we would know when the healing time was coming, because we would begin to see a coming together,” a leader said. “The red, the black, the yellow, and the white will all begin to come together to share their learnings. Without a coming together, there can be no healing.”

## ■ A Learning Meeting, in Community With Others

“At this meeting,” the planners said, “each of us is both a teacher and a learner.” Each person attending was viewed as an expert, with valuable knowledge and experience about recovery community organizing to share, and as a listener, with a sense of humility.

Planners set four goals for the conference:

1. Celebrate where we, as CSAT/RCSP participants, have been and what we have accomplished;
2. Reflect and rejoice on what we have learned and the changes we have both created and experienced;
3. Share the fruits of individual project experiences with others; and
4. Embrace change as an opportunity to recommit to our collective vision of a society that celebrates and supports recovery in all of its manifestations.

Over the three days of the meeting, attendees learned how the various projects had solved problems and described their own lessons learned through RCSP experiences.

Plenary sessions were attended by the entire community. Smaller communities of learners attended workshops focused on lessons learned. In some, participants shared what they had learned about organizing the recovery community to create change. In others, leaders of projects with success in particular areas of community organizing described their approaches, with an emphasis on “how we did it.”

"You are the liveliest bunch of grantees I've ever seen in all my years working with Federal programs. One would never know you all have grants that are coming to an end. You are all looking ahead with anticipation. And just look at what you've accomplished."

Barry Blandford

# Welcome and Introductions

*Barry Blandford  
Catherine Nugent  
RCSP Project Officers*

*Rick Sampson, Director  
Division of State and Community Assistance  
Center for Substance Abuse Treatment*

"Our purposes here are to reflect on where we've been, think about where we're going, and celebrate our accomplishments. Let's begin by honoring our elders," Cathy Nugent said. She asked everyone who had attended the New Grantee Workshop in November 1998 to stand. Resounding applause greeted those standing. Nugent also asked those who were new to RCSP meetings to stand, and those members of the community were welcomed. She noted that the community's acknowledgement of the old and new reflected the conference focus on transition and new beginnings.

Rick Sampson shared that, in meetings in the addiction field that he attended across the country, he was "hearing something new and different. Wherever people are talking about treatment practices and policies, they now acknowledge the voice of people in recovery. That's a sea change. They are talking in new ways about recovery because of the people in this room."

*"Recovery is in the house this morning! You are going to run stigma right on out."*

*Rick Sampson*

### Overheard at registration. . .

"When I went to my first RCSP meeting, I never dreamed I could ever go home and make a presentation to my group. Now, I am going to make one here, to everybody, and I am not shaking in my shoes."

He noted that coming together consists of looking over one's shoulder at what has gone before, while also looking ahead to the future. In addition, he noted, "it means putting our heads together, because there is still a difficult road ahead." Sampson thanked the grantees for sharing themselves with their communities.

## ■ Project Introductions

One by one, project delegations took the stage. To introduce their projects to the assemblage, participants sang songs, acted out skits, told stories of their experiences, or read poetry. Through these creative presentations, they shared their projects' activities and some of their key learnings with the community. All of them honored their own group's leaders and thanked CSAT for providing the opportunity to organize their recovery communities.

## ■ Ceremony of Gifts

To show their gratitude for the opportunity CSAT had given them to organize and mobilize recovery community groups, all of the grantee projects brought a gift to commemorate their experiences. A ceremony of gift giving was a poignant moment in the conference.

Their gifts were group paintings and other artwork, poetry, symbolic banners, and plants representing the life that had been given to the communities of recovering people and their supporters and families. (Quotes from some of the gift presentations appear as sidebars throughout this issue of *Meeting Highlights*.)

We learned . . .

"This isn't just about recovery. It's the opportunity to give back in a powerful way. Our recovery community includes a service component."

# The Big Picture

## Collective Accomplishments of the RCSP Projects

*Catherine Nugent  
Barry Blandford  
RCSP Project Officers  
CSAT*

Cathy Nugent and Barry Blandford took turns summarizing the collective accomplishments of the 19 RCSP projects, in mobilizing their organizations, establishing community linkages, fighting stigma, supporting recovery, finding ways to sustain their organizations, and documenting their experiences and lessons learned. They concluded their presentation with "The Big Picture," illustrating the achievements of the recovery community pioneers in the CSAT-sponsored program.

When the individual accomplishments of RCSP projects are viewed collectively, the wide scope of actions taken to benefit people with addiction and in recovery is very impressive. This is true, especially when it is measured against the lack of "know-how" at the outset in 1998. The impacts of these 19 projects indicate that during the three years, great strides were taken in acquiring considerable knowledge and expertise.

Nugent's and Blandford's impressive listing of only some of the many RCSP project accomplishments is presented on the following pages.

## **Goal 1**

**Participate in planning, design, and evaluation of treatment and recovery policy, systems, and services.**

### **Impacts on service delivery:**

- Strengthening aftercare and recovery support
- Mentoring program for people returning to the community
- Working with providers to make services more responsive to recovery community needs
- Developing mechanisms for making recovery support culturally appropriate.

### **Impacts on treatment systems:**

- Findings from consumer satisfaction surveys shared with treatment providers
- Focus groups on systems issues
- Recovery community survey on system design
- Addiction Consumer Bill of Rights
- Managed care survey
- Managed care hotlines
- Advisory boards and stakeholders' councils
- Dialogue with State agencies on treatment needs of lesbian, gay, bisexual, and transgender people.

### **Impacts on policy without lobbying:**

- State Department of Corrections building recovery support services into community integration plans
- County comprehensive review of alcohol and other drug policies
- County funding for peer mentoring to bridge gap between detox and the availability of treatment beds
- Adoption of county public health strategy for addressing hepatitis C
- Inclusion of recovery housing on priority list for county's affordable housing program.

## **Goal 2**

**Establish linkages within the recovery community, with the addiction treatment field, and with other organizations.**

### **Within the recovery community:**

- Among 12-step groups (Alcoholics Anonymous, Narcotics Anonymous, Al Anon, and others)
- With other types of recovery support systems (methadone maintenance, recovery housing, faith-based programs, and others)
- Across treatment modalities

- Across demographic divides.

#### **Within the addiction treatment field:**

- Relationships with SSAs
- Collaborations with provider groups and Addiction Technology Transfer Centers
- Joint efforts with alumni organizations
- Support from community prevention coalitions.

#### **With other organizations:**

- Mental health consumer and family groups
- Labor unions
- Faith-based advocacy groups
- Correctional system
- Public health organizations
- Housing agencies
- AIDS organizations.

#### **Goal 3**

Reduce public stigma toward people with addiction and in recovery.

- “Putting a face on recovery” walk-a-thon
- Producing CD-ROMs, videos, and tapes about recovery
- Making talk radio appearances
- Planning and hosting public education TV programs
- Building and maintaining recovery speakers’ bureaus
- “Wiping the Tears” cross-country march
- Educating community on the science of addiction
- Identifying internalized stigma as an organizing challenge to the recovery community.

#### **Goal 4**

**Sustain the effort.**

- Seven SSAs are contributing funds to help sustain the recovery community.
- Local system authorities are beginning to contribute to sustaining the effort.
- Fee-for-service arrangements for consumer surveys and related activities.
- Contracts have been obtained for providing consumer-related products and services.
- Case studies

#### **Goal 5**

**Document lessons learned.**

- *Meeting Highlights*
- Leading “how-we-did-it” workshops at grantee meetings
- Project newsletters.

#### **Gifts from the RCSP**

#### **We learned . . .**

"For the recovery community, part of diversity is recognizing all the many different routes to recovery—outpatient treatment, therapeutic communities, residential treatment, methadone maintenance, 12-step programs, other recovery support programs, and on our own. But we're all in recovery, and that we've arrived here is much more important than what routes we took."

## ■ The Big Picture

All the individual project achievements, Nugent and Blandford noted, can be put together in The Big Picture, summarizing the major accomplishments of the first 19 RCSP projects:

- Demonstration that the recovery community will speak out for policies and services that expand access to and quality of treatment and recovery services
- Illustrations of successful outcomes from grassroots organizing efforts
- Emerging core values that inform the community organizing effort
- Emerging recovery community paradigms and perspectives
- Emerging linkages and alliances that transcend traditional funding streams
- Conceptual and pragmatic lessons that can now be disseminated to newly organizing recovery groups
- Advances in thinking about recovery and stigma
- Promising stigma-reduction activities
- Peer-led recovery support services.



# Workshop Sessions

## Grantee Presentations Emphasize “How We Did It”

Grantees from selected projects led workshops describing some of their proudest accomplishments. In keeping with the focus on lessons learned, grantees met in small sessions to discuss particular lessons learned. (Highlights from these dialogs are presented as sidebars throughout this meeting report.) In a series of workshops, grantees from selected projects described some of their proudest accomplishments, emphasizing how they achieved them. Reports on these workshops follow.

### ■ National Alcohol and Drug Addiction Recovery Month

*Maryanne Frangules*

*Massachusetts Organization for Addiction Recovery (MOAR)*

*New England Alliance for Addiction and Recovery (NEAAR)*

*Ivette Torres*

*Office of Communications and External Liaison*

*CSAT*

Numerous RCSP projects have conducted Recovery Month activities, using a kit produced by CSAT that is filled with helpful information and contains guidelines that simplify the local project's planning activities. Interest in the 2001 national, month-long observance was especially high among participants at the Grantee Meeting because the theme of Recovery Month 2001 was “We Recover Together: Family, Friends, and Community.”

## Gifts from the RCSP

### We won't be a tool . . .

"We will support others' agendas, but we won't be a tool for advancing them.

"We don't want our recovery community to become a marketing arm for the treatment industry or to lobby at the Legislature. The recovery community isn't about that. It is about recovery. In giving back, we can help other stakeholders understand the directions we think they need to go. We have our own agenda."

The kit prepared by CSAT includesd targeted outreach materials:

- General Facts About Drug and Alcohol Addiction, Treatment, Recovery, and Usage Data
- Community-Based Organizations Serving Children and Families
- Educators/Schools
- Employers
- Health Policymakers and Insurers
- Health Professionals
- Individuals Working in the Criminal Justice System
- Faith Community
- Organizations Serving Racial, Ethnic, and Cultural Groups.

Specifically targeted audiences for this year are:

- Family service organizations
- Healthcare systems, workers, and insurers
- Educational institutions
- Criminal justice system
- Parents and families
- Workplace and employers.

Information, resources, and materials to help implement Recovery Month activities are available online at [www.health.org/recoverymonth](http://www.health.org/recoverymonth). The web site features interactive components, such as Frequently Asked Questions, public service announcements, a flyer, and video infomercial. It also lists State and other local celebrations and activities planned for the month-long observance.

The kit contains ideas for promotional activities, such as community forums and media events, along with advice on sending out news releases, taking advantage of public speaking opportunities, producing short articles, holding special events, setting up an exhibit booth, displaying a banner, or getting public service announcements about Recovery Month on the airwaves.

Sample proclamations are included in the kit; governors, legislators, or mayors can be asked to sign and issue them. Also in the kit are sample press releases, media advisories, and op-ed articles, along with a sheet of camera-ready logos. All of these have directions for use. The kit also contains a list of clearinghouses, web sites, and additional resources and allied organizations.

Quotes from RCSPers who have organized Recovery Month events include the following.

- Ilene Baker, People With Recovery and Disabilities (PWRD)

*"We plan all year for these September events, which are hosted at a shopping mall. PWRD puts on a Recovery Expo for people in recovery, families, friends, and people seeking recovery. We do this with very limited funds, and the Expo has been so successful that we now have 30 co-sponsors."*

- Don Coyhis, White Bison Circles of Recovery Project

*“Circles of Recovery uses Recovery Month to build year-long momentum, with the use of symbols, logos, and materials from the kit. Our Firestarters take the kit materials and localize them to their communities. We have found that you must build relationships all year long to find support for Recovery Month efforts.”*

## ■ A Recipe for Success: Melting Pot or Salad Bowl

*Ilene Baker*

*Nancy Franklin*

*Other PWRD Members*

*People With Recovery and Disabilities (PWRD)*

*Pima Prevention Partnership*

Pineapple salsa? What does salsa have to do with members of a recovery group? Answers to that question were provided by members of the PWRD team:

- *“Adding something a little different to something ordinary can make it better, like adding pineapple to salsa.”*
- *“Just as we know what is in regular salsa, we know who is in our group. The advantages of a regular salsa approach to recovery community organizing is that it has no surprises, we are comfortable with it, our group has stability, and we maintain the time-honored traditions of the group. The disadvantages are that the group may become bland and boring, with no growth and no new learning or group reflections. In fact, the group can become stagnant.”*
- *“Pineapple salsa is unique, with a color you don’t expect for salsa. But, if you have an open mind, and try it, you may like it. You may say it offers more of a contrast with the food you are eating or that it has character. You may want to call it something other than salsa.”*

In groups of people, as in making salsa, it is possible to mix certain ingredients together and have a perfect balance. The ingredients are the peoples’ interests, desires, and levels of energy, along with their willingness to blend all the known ingredients together. But sometimes, too much of one ingredient can ruin the mix. And adding a new ingredient may completely change the mix.

For example, PWRD, a diverse group with members who have various disabilities, worked hard to get another group to join with it in an alliance. The two groups agreed to work together, but somehow the ingredients did not quite gel. Different ingredients can be threatening to some people. Members of the other group found that PWRD’s diversity made them uncomfortable. The two groups ultimately agreed that they couldn’t be merged.

## Gifts from the RCSP

### We found our roots . . .

"Our recovery efforts have grown from a simple grassroots effort to something that could be more likened to tree roots. We dream of a sheltering tree standing tall in a grove of other trees, united by shared vision, as deep roots intertwine beneath the ground, sharing resources. For us, RCSP is truly a 'tree-roots' effort."

Fear and stigma color how people see you. When people find out you have a mental illness or that you are in recovery, you become different in their eyes. The recovery community is helping people appreciate new blends.

## ■ From the Inside Out

*Sarah Munro*

*Rufus Chaffee*

*Friends of Recovery - Vermont (FOR-VT)*

*New England Alliance for Addiction and Recovery*

The Vermonters led an interactive workshop, based on the writings of Dick Richards, in his book *Setting Your GENIUS Free; How to Discover Your Spirit and Your Calling*. Through interactive exercises and telling stories, Sarah Munro and Rufus Chaffee led participants in identifying clues to one another's assets and qualities.

Participants found that each person has a genius, which is his or her unique and special gift to the universe in general and to those in one's immediate life, in particular. A good use of one's life requires becoming committed to and giving expression to that genius.

### Core Principles

- You have a genius which is your unique and special gift to the universe in general and to those around you in particular.
- A good use of your life requires following your genius.
- A good use of your life requires commitment to a mission.
- Following your genius and committing to a mission are aided significantly by surrounding yourself with support.

### Finding Your Genius

- You do have a genius.
- You have only one genius.
- Your genius has been with you your entire life.
- Your genius is a gift you give yourself and others.
- Your genius is natural and spontaneous and a source of success.
- Your genius is a positive force.
- Your genius is not what you wish it would be but what it is.

When members know and honor their special gifts, they can bring them forth to contribute to the day-to-day work of the recovery community organization.

## ■ Recovery Core Values for Addiction and Mental Health Treatment

*Robert Savage*

*Phil Valentine*

*Connecticut Community for Addiction Recovery (CCAR)*

Recovery community organizations are introducing new paradigms of service delivery to established systems of care. A number of RCSP projects—including RAP, with church-based community organizations, and SAARA, with the Virginia Chapter of the National Alliance for the Mentally Ill—are forming alliances to influence formal systems. CCAR's experience in forming an alliance with a mental health consumers' group to get a message to the systems of care illustrates the way this works.

In 1999, the Connecticut Department of Mental Health and Addiction Services (DMHAS) proposed reorganizing its services, and found resistance from the mental health and the addiction service divisions themselves, as well as the mental health and addiction treatment provider communities. As often happens in the face of proposed change, it became difficult for many people to put aside vested interests and work collaboratively. Many believed that, even though shifts in organizational structure might be made, real change would not be likely to occur.

Then, two consumers' groups (CCAR, for the recovery community, and Advocacy Unlimited [AUL], for mental health consumers) decided to work on reorganization issues together. Their alliance resulted in a statement of Recovery Core Values, which were presented by CCAR and AUL to service providers and to the Department. These values were suggested as a basis for an approach to reorganization.

Because CCAR and AUL were able to view the reorganization from a different position than either the mental health or addiction divisions, they were able to help bridge the gap between the two, moving them into concerted action. Many positive results followed:

- The DMHAS State Advisory Board voted to adopt the core values.
- These became the basis for reorganizing decisionmaking.
- AUL, CCAR, and DMHAS jointly submitted a proposal to CSAT to fund a conference on the topic. They received funds, and the conference will be held in November.
- CCAR now has increased credibility with the Single State agency and other State departments.
- Now there is a framework for approaching individual treatment providers.
- CCAR and AUL are helping the divisions focus on the importance of specialized recovery services near the end of a client's

### Gifts from the RCSP

#### We are here to stay . . .

"We are going to be around for a long time after CSAT funding ends. Sustainability is elusive, but we are finding ways to market our services and our knowledge. We can do focus groups, develop a mentoring program, sell the gifts that we make, and conduct surveys of consumer satisfaction with treatment."

"In addition to giving back to the community, recovery mentoring is also a market opportunity, as we sell the idea to treatment providers and show other local recovery groups how to do it."

## Lessons learned about . . .

### Constituency Building

Recovery community groups represent people in recovery, their families, and allies from all walks of life and many types of communities. What has been learned about building this constituency?

- What works is finding peoples' passion and harnessing it, allowing them to contribute to building the recovery community. Sometimes, they will need "hands-on" training in building a recovery organization.
- Another thing that works is asking people questions about what they want to achieve through participation in the recovery community and listening to and acting on their answers.

*Lessons Learned Dialogue led by:*

*Amalia Gonzalez del Valle  
Maria Rigazio  
Partners in Recovery Alliance  
(PIRA)  
Martinez, California*

treatment and during his or her return to living in the community.

Here are some quotes from a letter written by Deputy Commissioner Arthur C. Evans, DMHAS Office of the Commissioner:

- *"As DMHAS moves into the year 2001 we do so recognizing that we must pursue the concept of recovery from behavioral health disorders in every aspect of our work . . . . (Today) we know that people with all types of behavioral health conditions can recover from their illnesses."*
- *"Supports such as safe, affordable housing, vocational and educational opportunities, and a caring social service network can make the difference between success and failure for the person in recovery. In addition, people in recovery and consumer-run programs are an important asset in fostering the recovery of others."*
- *"Our job is clear. We need to ensure that people in recovery are active participants in making choices about their treatment and that we help to arrange the kinds of supports that they need to become full participants in community life. In order to proceed, we should infuse a new recovery culture in every service we deliver. . . . To help us reach our goal, we have begun work with members of the advocacy community . . . let us resolve at the beginning of this New Year and for the future to embrace the concept of recovery and to direct all of our efforts toward its achievement for the citizens of Connecticut whom we serve."*

### ■ Starting at the Treatment Centers

*Chris Wade  
Penny Knobloch  
Jose Salazar  
Always Working Towards Advancing Recovery Environments  
(AWARE)*

Unique among RCSP grantees, AWARE focuses on clients in treatment programs. The project's original aim was to gather information on clients' perceptions of treatment and help clients develop skills to advocate for their individual needs and for improved services.

AWARE is unique in another way, as well. It is the only RCSP grantee whose host agency, the California Association of Alcohol and Drug Program Executives (CAADPE), is a stakeholders' group advocating for its members, treatment providers. Thus, AWARE has an ease of entry into treatment programs that most other RCSP grantees do not have.

One of AWARE's first steps was to conduct focus groups among a total of 300 clients in treatment in different parts of California to shape the design of the project. AWARE learned that clients wanted a newsletter and a web site, and that they would like to attend conferences on recovery issues. There was also an interest in having working groups within the treatment centers.

People in the focus groups were willing to share their perceptions of treatment with AWARE, but they didn't want to have their names associated with their feelings and wanted anonymity within their program. So, AWARE used confidential surveys, which could be placed in locked boxes in the centers after they were filled out. Only AWARE staff had the key.

"We faced a challenge," Chris Wade said. "Getting in to the treatment programs was easy for us. But we know that once we started giving information to clients, we would be giving them power and knowledge. And we needed to be sure that it would not, in any way, derail the treatment process."

Therefore, AWARE identified a staff member in each program and designated each as AWARE's Liaison. The Project Coordinator arranges meetings at each center about once a month and meets with clients in the company of the Liaison. A topic of interest to the clients is discussed, and clients fill out AWARE surveys. These meetings also provide an opportunity for AWARE to provide information about its aims and activities as a recovery community organization.

This approach to clients in treatment is paying off. For example, in one meeting, clients discussed problems they were having related to literacy requirements and the fact that the treatment center had phased out a literacy program. Findings from an AWARE survey on the topic led the center to reinstitute the program in accord with clients' wishes.

The project also is educating recovery community members about many topics of importance and eliciting their thoughts, as well, on issues such as: methadone treatment, child welfare, parents in treatment, and addiction in pregnant mothers. All AWARE materials are available in English and Spanish.

## ■ Organizing in the Recovering Community

*Andre Barabasz*

*Kim Matic*

*Terry Leckron*

*Louise Wedge*

*Recovery Association Program (RAP)*

RAP's early accomplishments included getting Multnomah County, Oregon, where RAP is based, to support information programs on heroin overdose and hepatitis C among current and former IV drug users. The county now offers free testing for hepatitis C, as well as free vaccinations. Outreach meetings have been held in which RAP members shared information about hepatitis C and addiction.

## Gifts from the RCSP

### We learned new things about stigma . . .

"We have learned that stigma, in part, is something we do to ourselves when we buy in to the beliefs about addiction that are based in stigma. We have to help members understand our own role in perpetuating stigmas about us.

"If we don't own stigma, how can we expect others to see it and overcome it?"

## Lessons learned about

### Engagement and Retention

Attracting and keeping members can be a challenge. The climate of the group—open and participatory or cliquish and dictatorial—can cause potential members to stay or leave. What are the keys to making them stay?

- Listen, listen, listen to people's comments and questions. Don't focus just on getting them to understand or change. Consider the possibility that everyone can contribute to your thinking and to a change in your group's dialogue.
- Give members something to do, and don't have too many meetings where you just talk about what your group might do.

*Lessons Learned Dialogue*  
led by:

*Donna Dee Edwards*  
*Veronica King*  
*PIRA*

Thanks to RAP, Multnomah County also instituted a Recovery Mentoring Program to help clients bridge the waiting-list gap between detox and the availability of an outpatient treatment slot. Before the mentoring program began, only 51 percent of clients in detox programs entered treatment, and only 16 percent of those completed treatment. After the program was implemented, 85 percent began treatment and 51 percent completed it. Prior to the mentoring program, only 16 percent of those entering treatment completed the program. RAP cannot claim responsibility for this increased participation and success in completing treatment, but the recovery community group was responsible for the program's establishment.

RAP also was successful in meeting with the City Commissioner and getting the city to increase its investment in drug-free housing. As a result of RAP's work, 19 units for single individuals and 24 units for families were made available.

The steps in recovery community organizing, using the RAP model, are:

- Share stories and build relational power in reflection groups or house meetings.
- Listen for common themes, and transform private concerns into public issues.
- Conduct research to clearly understand the issues and identify potential ways of addressing them.
- Take public action and negotiate with officials at a community meeting.
- Evaluate the success of the action and learn from it what to do better or differently next time.
- Celebrate, inviting the officials to participate.

### ■ How to Start a Parents' Support Group

*Diane Kurtz*  
*Tanyss Martula*  
*Massachusetts Organization for Addiction Recovery (MOAR)*  
*New England Alliance for Addiction and Recovery*

MOAR has built strong alliances with some recovery support groups in the Commonwealth, including a parent support group sponsored by the Phoenix House Foundation in western Massachusetts. The parent support group is not the same thing as Al Anon. Attendees come to learn about addiction, how to set limits with the user and oneself, and about the types of treatment and related services available.



The parents' support group is facilitated by parents who have had years of experience dealing with children or other family members who are chemically dependent. The meetings are a good place to explore emotions, with members often able to laugh together about their experiences.

Group discussions are honest and open, but no one is expected to talk about anything he or she would rather not discuss. Advice may be given, but everyone is told to let their own comfort level be their guide in taking action. Some meetings are facilitated by a counselor, and others are led by recovery community members. All meetings have back-up support from professionals in the field.

The steps in starting a meeting range from making the commitment (finding another parent who will share responsibility with you), finding a donated space, picking a time for meetings, and publicizing your effort.

A key step is deciding on a meeting structure, which can evolve over time. Diane Kurtz and Tanyss Martula recommended following an agenda such as the following:

- Greet newcomers, explaining confidentiality and that those in crisis may get more "floor time." It is a good idea to have information kits to hand out to newcomers.
- Make announcements and pass out any handouts.
- Begin the session with a short "check-in," letting each person give their first name and an update or anything they would like to say in a few sentences. Anyone may pass. There is no cross-talk during the check-in, only during the discussion.
- Cross-talk begins around issues raised during check-in. Each person is allowed to speak without interruption and then others may join in with sharing or questions before proceeding to the next person.
- Closure is nice to have, time permitting. Someone may choose to give a selected reading.

The alliance with this parent support group has been valuable to MOAR. Although the parents meet regularly for their personal support needs, they share MOAR's commitment to improving public understanding of addiction, treatment, and recovery, and are willing to participate in such events as Recovery Month and in activities putting a face on recovery.

## Gifts from the RCSP

### We learned to educate . . .

"We found we can be educators. We try to educate everyone . . . the public, people in the helping professions, civic leaders, our neighbors."

"In the beginning, we thought that a recovery community group would have to lobby to be successful. We thought that was the only way to do it. Now, we have learned how effective public education about recovery can be. And all our attention doesn't have to focus on legislators."

## Lessons learned about . . .

### Diversity

In the recovery community, diversity means more than the commonly recognized dimensions of race, gender, culture, age, and socioeconomic status. Equally important factors, which can cause divisiveness, are members' particular alcohol and/or drug use history, modality of treatment received (if any), and activities to support recovery.

- Don't assume that you know all the aspects of diversity; be willing to re-examine your views and your language and make revisions as necessary.
- Respect individuality and build on the similarities among us all.

*Lessons Learned Dialogue*  
led by:

*John Magisano*  
*SpeakOUT*

## ■ The Art of Using Activities in Mobilizing the Recovery Community

*Beverly Haberle*

*Jay Youtz*

*PRO-ACT: Promoting Recovery Organizations -  
Advancing Community Togetherness*

"If you want to get people involved, the easiest way is to throw a party" was the half-in-jest advice from Jay Youtz, making the job sound easier than it really is. Nevertheless, his statement illustrates the truth that people really do seem to rally around when an event needs to be planned.

PRO-ACT has learned that having plenty for people to do is an effective key to organizing the recovery community. Project activities have included holding a Tree of Hope celebration each year, preparing picnics and visiting inmates, rehabilitating low-income houses in a Habitat for Humanity project, hosting a Marty Mann conference, collecting suitcases for foster children, holding a Recovery Day Picnic and a New Years Eve party, and registering people to vote.

These activities have paid off in handsome ways: PRO-ACT has reached more than 5,000 individuals and has 2,100 members. Amazingly, the project got 2,500 people to register to vote.

One reason for PRO-ACT's success may be its decision, at the outset, not to form traditional committees, such as membership committee, recruitment committee, and so on. Instead, project leaders asked people to organize around things they liked to do, and then work together to do those things.

Youtz and Beverly Haberle offered some tips for organizing through activities:

- Do something to attract attention to the positive side of recovery, and you may find that you have engaged people to support the organization.

Haberle reported that "people really came together around the Tree of Hope. It got so crowded in the area of the court house where we put the tree that we asked to move the tree to another location in the building. Officials said, 'Okay, but we wish you would stay where you are. Where you are is perfect because that area gets the most traffic in the court house, which means more people see the tree.' Needless to say, we kept the tree where it was.

"The Court House staff were identifying with the value of the tree (whose ornaments bear the names of people in recovery). They wanted people to see it. Also, an 18-foot tree requires a lot of water, so we had people responsible for watering it. After awhile, when they went to do their job, they found that the guards were watering it for us."

- Having activities opens up avenues to organizations you might never expect to become your supporters.

As a result of the “Suitcases for Kids” campaign, the Girl Scouts now know about PRO-ACT and the importance of recovery. The Marty Mann conference conveyed that PRO-ACT is a viable organization, and other organizations sought alliance with PRO-ACT. For the New Years Eve party, PRO-ACT collaborated with the organizations sponsoring First Night activities; now they all know the recovery organization.

“When you get 2,500 people to register to vote, people notice you,” Haberle said. “And our prison project gave people in recovery the chance to sit down and talk with the judges who had put them in prison. The judges told us it was the first time they ever had feedback from someone after sentencing them; they liked that.”

- Having successful events is labor intensive and has to be planned and managed well.

“For our recovery celebration picnics, we have a crew of 60-70 people working,” Youtz said. “We have learned that it is important not to use the same people over and over, or you will burn them out. We purposely ask different people to work on different events.

“You need to set clear goals, so the people working on an event are clear about their responsibilities. You have to do preplanning, planning, and postplanning. In postplanning, you find out what you learned from the experience.”

## ■ The Wellbriety Movement and Community Change

*Don Coyhis  
Leslie Davis  
Connie Falleaf  
Circles of Recovery*

In organizing a recovery community organization, White Bison defined its target community as “Indian Country,” meaning all Native American communities throughout the United States. That’s a huge target community, and so organizing had to be conducted on a grand scale.

The tool chosen to introduce the Circles of Recovery project was a Journey of the Hoop, in which a sacred hoop was carried from Los Angeles to Washington, D.C., with stops in key cities to recruit members into what the Circles of Recovery project defined as a “wellbriety movement.” At each stop, Firestarters were recruited to take on a 2-year responsibility to organize a recovery organization in their communities.

The aim of all these activities was to raise the consciousness of the

## Lessons learned about . . .

### Stigma

As a central issue for people and families in recovery, stigma plays a stimulating role in organizing the recovery community. What lessons have you learned about stigma that you would pass along to new groups?

- Stigma, based in fear and discrimination, is the barrier recovery communities are trying to overturn. It is why we have to put a face on recovery.
- The recovery community needs to be proactive, speaking out where one might not normally speak out, to help others see stigma in situations they may not recognize, and build alliances with others to fight it.

*Lessons Learned Dialogue  
Led by:*

*Don Malec  
Recovery Communities United*

## Lessons Learned Workshop

### Strengths of the Recovery Community

What strengths do people in recovery, their families, and their allies bring that make the organizing challenge easier to accomplish?

- They bring their passion about recovery, along with compassion for others.
- They are able to recognize and build on the commonalities among people.

*Lessons Learned Dialogue led by:*

*Terry Leckson and  
Andre Barabasz  
Recovery Association Project  
(RAP)*

wellbriety movement in Native American communities and support the creation of an infrastructure of 100 communities for their entry into healing.

Firestarters have now organized Circles of Recovery in 80 communities. Effects are visible. In Bishop, California, for example, fathers affected by the program are spending more time with their families. In Oklahoma City, women in the correctional system now have access to Native-oriented 12-step programs. Some women on parole are bringing the wellbriety program back to their communities.

The Circles of Recovery project was guided in this by a model of change which Native American elders shared with Don Coyhis. The model is based conceptually in nature. Just as raindrops fall, moistening the ground, healing needs to penetrate Native communities.

The elders told Coyhis that when 100 communities are in healing, a shift in consciousness will occur. The elders' prophecies said that in 1991, there was an awakening of healers from all the directions—red, yellow, black, and white—and that they could facilitate the healing. The goal of Circles of Recovery has been to find and unite healers in 100 communities.

One elder had a vision of a hoop of 100 eagle feathers from various Native nations. It was blessed by elders from all four directions. Four gifts, representing unity, healing, hope, and forgiveness, had been placed in the hoop by the elders, who provided key elements that were to become cornerstones of the wellbriety movement:

- Change is from within.
- Vision brings development.
- A great learning must occur.
- You must create a healing forest.

Alcohol and drug use are very prevalent in Native communities, higher than among other populations, and are accompanied by high rates of child abuse and neglect, teenage pregnancy, unemployment, crime, high school dropout, infant mortality, divorce, fetal alcohol syndrome, attention deficit disorder, developmental learning barriers, incarceration, and health difficulties. The list goes on to include domestic violence against women and children, suicide and self-harm attempts, and homelessness.

Addiction commonly lies at the core of the other problems, and addressing it may lead to healing in the other areas. But new ways of seeking recovery are needed. Mainstream models of recovery often fail to meet the needs of the Native American population. The Firestarters are attempting to provide a Native-based support program.

## ■ Telling Our Stories: From Personal Narrative to Advocacy

*Team SpeakOUT!*  
*SpeakOUT! LGBT Voices for Recovery*

SpeakOUT's aim for two workshop sessions was to give people first-hand experience in crafting stories of addiction and recovery in different ways. Many people in recovery are accustomed to telling their stories in support groups, for their own benefit and the benefit of others. But the same stories can be reshaped for different audiences and purposes, including public education on behalf of recovery issues.

To help people learn different ways of moving from personal to public presentation, members of Team SpeakOUT used several techniques to show how stories could be reconstructed. They emphasized the use of a lighthearted approach to storytelling, because it may be easier to influence some people and audiences in a relaxed way. The techniques used in the workshops included a loosening up experience, involving free-form dance, a writing exercise, creating a "group" poem from lines written by different people, and visual exercises.

Through these experiences, participants learned that there are many ways to tell a story, and that the story doesn't have to be "heavy." One of the ways used to reinforce their learning was the comparison of the different approaches to storytelling taken by different small groups of participants.

## ■ Working with Service Clubs and Civic Organizations

*Richard Eckert*  
*Substance Abuse and Addiction Recovery Alliance (SAARA)*

*Joseph Harding*  
*Friends of Recovery–Vermont*  
*NEAAR*

*Chris Wade*  
*AWARE-CAADPE*

Why should a recovery community organization work with service clubs and civic organizations?

- To normalize recovery in the "mainstream" civic organizations in your community
- To raise money or obtain services for your organization
- To connect with community "movers and shakers" who have money, expertise, and time
- To educate a wide variety of people
- To obtain in-kind contributions such as space and refreshments for meetings

## Lessons learned about . . .

### Leadership Development

For recovery community groups to be successful, current leaders need to work on developing future leaders from among the membership. What works? What doesn't?

- Look for members who seem to be "do-ers" and "walk the talk," who seem able to command respect from their peers, and have heartfelt ideas about recovery.
- Engage members in something you can tell they are interested in by giving them something to do.

*Lessons Learned Dialogue*  
*led by:*

*Molly Smeltzer*  
*Project VOX*

## Gifts from the RCSP

### We discovered the rewards . . .

"There is no doubt that we have all spent countless hours and sleepless nights struggling over issues as we strive to construct new pathways through stigma-infested barriers. This work is not easy, but the rewards are plentiful."

- To identify potential volunteers
- To identify potential organizational partners.

#### How to do it:

- Make presentations describing who you are (after people find out who you are, word travels fast).
- Start with someone you already know who can arrange for a presentation at his or her organization.

#### Tips from workshop participants:

- Sponsoring a neighborhood clean-up may not be directly related to recovery issues, but it will certainly establish your organization in the public eye and in the eye of other service groups.
- Get a core group of players involved in making contacts with and presentations to service groups.
- Persistence pays off. If a group isn't interested in partnering on something the first time you approach them, don't write them off your list. Go back again.
- You will find, through collaborative efforts, that a "vast pool of people" is sympathetic to the recovery community.
- Support your personal contacts by using technology to communicate and keep groups informed about your group. You can even join web-based coalitions.
- Technology can be useful. An investment in an LCD machine can enable your members to make more effective presentations.

## ■ Reaching Out to Family Members

*Kathy McQuarrie  
Betty Westfield  
PRO-ACT*

"After my son died from heroin use, I went to many organizations for support. Most of them would give me sympathy, but then want me to go away," Betty Westfield commented in her introduction to this workshop. "PRO-ACT gave me a lifeline because its members were interested in what I was interested in . . . getting kids into recovery from addiction."

This quote, from a mother who is one of the leaders of PRO-ACT's family group, carries an important message to recovery communities. Parents and family members will be strong advocates for recovery issues. But it behooves the recovery organization to listen to their particular interests.

The mother who made that statement might have left PRO-ACT eventually, like many others who were leaving. PRO-ACT leaders

noticed that participation by family members was dropping off, and took an action that other groups might not have thought of. They went to the family members and asked them why they were no longer participating.

PRO-ACT learned that parents and family members had come to PRO-ACT because they needed information, and they wanted to share information with other parents, about addiction and recovery.

Here are some of the things PRO-ACT's family members told them:

- *"Take it from one who knows. Parents have no clue what their kids are up to. It is so easy for parents to be deceived. Parents need information about addiction and recovery."*
- *"When my husband developed a problem with drugs, I had absolutely no concept of what to do. I had been taught that a person who used drugs was a criminal, and this was a member of my family."*
- *"I think if we can find the people whose kids are using, and who need help now, we can provide a valuable service."*
- *"Everyone says addiction is a family illness, but no one does anything for the family. I don't know what is going on with my daughter in treatment. I don't know what to expect."*
- *"When family members get mad, they often develop a passion to want to help others in the predicament they were in. They want to do something about this terrible situation in which family members don't know what is going on and what should be done."*
- *"They want the public to know that something has to be done to change our understanding about substance abuse."*
- *"When a member of your family becomes addicted, your whole world is turned upside down. None of the principles you've operated on for years works anymore. And you don't know how to get help."*

PRO-ACT decided to tap into the energy of these parents and family members and let them design an initiative within PRO-ACT that would provide information on addiction and on treatment and recovery services for parents and family members.

Westfield and Kathy McQuarrie, members of the PRO-ACT Family Group, described their experiences in designing a program, with three goals:

- Providing information and knowledge about addiction to family members
- Helping them to identify the impact that a family member's addiction is having on members of the family

## Gifts from the RCSP

### Our contributions . . .

"Our RCSP project has opened the door to tremendous opportunities. Because of this, we can now reach out to many different parts of the community across lines that formerly served as barriers. We use the talents provided by Community Service Boards, recovery support programs, churches, members of various community organizations and city agencies. With this 'alliance of talent,' we are cosponsoring an Oxford House Workshop in August, a Women's Workshop in cooperation with Project Link, a neighborhood clean-up project, and movies, in cooperation with many agencies."

## Gifts from the RCSP

### We recognized . . .

"Recovery community work brings special responsibilities. We know that if we do anything that causes a person to relapse, that is unacceptable. The recovery communities have accepted their responsibility to look out for each other's welfare, and to know when to intervene. Some programs have had to deal with the death of a member, due to relapse. They didn't walk away from this, but used the tragedy for learning and healing. The passing of a fellow human was honored."

- Assisting them in linking up with helping resources.

"One thing we haven't gotten to yet, is figuring out how to get people in need to contact the PRO-ACT Family Group when they are most in need, experiencing pain and misery. But we will find a way," McQuarrie noted.

The PRO-ACT Family Group has two key accomplishments to date—the development of a curriculum for training family members on how to deal with an addicted family member, and holding regular meetings, with professional back-up available, to address the concerns of family members. Interestingly, the group has found that many of the people who have come to these meetings have been parents of adult children, parents who have been dealing with the issue for 10 or 15 years. At least two people who came to the meetings have entered treatment themselves.

## ■ Mobilizing Constituencies To Impact Local Communities

*Alex Brumbaugh*

*Sonya Baker*

*Santa Barbara Community Recovery Network (CRN)*

To help CRN members understand how they might become involved in and contribute to community decision-making about addiction, leaders decided to conduct "civics lessons." In these, members informed themselves about the structure of county offices and responsibilities, including those devoted to alcohol, drugs, and mental health. The training enabled CRN members, for example, to become familiar with statistics on the costs of untreated addiction.

With this knowledge, the messages of CRN could be tailored to the interests of county department heads. Because of the information they had gathered, CRN members were able to point out that \$427 million, the cost of untreated addiction in Santa Barbara County, was equivalent to 75 percent of the entire county budget.

But figures themselves were not sufficient to motivate action. "You could give people figures until they are coming out of their ears," Alex Brumbaugh said, "and still no action would be taken." So CRN asked its membership, "What are our three top priorities?" Then, specific actions could be defined around these issues.

To have an impact on the system, CRN members told the workshop, you have to have:

- A plan (CRN put this in the form of a Policy Wish List)
- Leadership, with clarity about responsibilities and emphasis on keeping the focus on recovery issues
- Leverage (the ability to get the organization involved in



- discussion about civic crisis situations and important issues)
- A constituency.

Sonya Baker reported that to attract members, CRN had to

- Have something meaningful for them to do
- Educate members about the processes involved in obtaining policy change
- Have a success the organization could build upon
- Celebrate victories.

CRN attracts members by:

- Personal outreach
- Social events
- Special events (e.g., march, rally, candlelight vigil) held annually
- Community forums
- Focus groups (to find out what members wanted or needed from leaders of the organization)
- Forming alliances with other organizations.

## ■ Advocacy, Personal Transformation, and the Evolution of a Movement

*Dona Dmitrovic*

*PRO-A Team*

*Pennsylvania Recovery Organizations Alliance*

Members of PRO-A talked about the effects participation in PRO-A has had on them personally and on the local community. They also described PRO-A's support of local organizations that are conducting activities related to recovery issues.

Here are some of their statements about personal transformation:

- *"Before PRO-A, most of us wouldn't speak up for recovery in Pennsylvania because everyone was concerned about anonymity. The mental health community, on the other hand, has done a great job. The mental health community saw the need to reduce discrimination and stigma. So we have followed their lead."*
- *"We are reaching family members by holding events at halfway house reunions for families."*
- *"By attending PRO-A, I learned that anonymity was keeping us silent. I had been turned down for life insurance because of my addiction. It really made me mad. Now, I'm concerned about the lack of treatment, lack of insurance, and I'm working to plan a mentoring program in recovery housing for women."*
- *"PRO-A gives me a place to do something about an issue very important to me: stigma. People still don't understand addiction is a disease, and*

## Lessons Learned Workshop

### Spirituality

Spirituality is considered by many to be an important element of recovery. What role does it have in organizing the recovery community to bring about change?

- For many (but not all) of us, spirituality is the foundation for recovery community work; it provides energy and promotes feelings of belonging and connectedness between people.
- The recovery community honors many principles and values based in spirituality, such as honesty, courage, integrity, humility, love, justice, services, compassion, patience, and forgiveness. These principles and values can help create an organization or a movement capable of effecting profound positive change.

*Lessons Learned Dialogue*

*led by:*

*Jackie Lindow, Leader*

*Project STAR*

## Gifts from the RCSP

### We learned . . .

"We don't want to become homogenized. Diversity is the route to continuing learning. We have a collective wisdom, but we have to preserve cultural specificities within the recovery community."

*addicts are treated as criminals. Twenty years ago, sending people to treatment was in vogue. We have to bring that back."*

- *"Recruiting members for recovery advocacy takes a lot of commitment and skill. One way you can recruit and make a powerful, destigmatizing statement at the same time is by holding a Mother's Day dinner to honor sober women in recovery. PRO-A enables us to give back to the community that we took so much from."*

## ■ STAR Panel: Positive Changes for Recovering Women

*Jackie "Redwoman" Lindow*

*Susan Austin*

*Gail Colligan*

*Wendy Malone*

### *Project STAR*

In rural areas of Wisconsin, women in recovery often feel very isolated from their communities because of deeply entrenched stigmas against women who use drugs and alcohol. Once their addiction is known, women feel ostracized from participation in normal community activities. If it isn't known, they fear it will become known, and they may not take the risk of attending a support group.

STAR found that many women felt uncomfortable in typical recovery support groups because these groups frequently were oriented to men's experiences with addiction, which often can be quite different from women's. Women did not feel comfortable sharing their stories in the support group setting.

No gender-specific treatment-related recovery services were available to women before STAR formed groups in numerous areas of the State. STAR is not a support group, but it offers women a place to openly share their stories with others like themselves, as well as the opportunity to serve others. For example, one STAR affiliate started a women's 12-step group, even though existing support groups in the community thought the women were not qualified to do so. With STAR's support, the meeting has become a reality, meeting a severe need for support.

Project STAR leaders knew that women facing extreme stigma could not be expected to go out and immediately engage in public dialogue. So the project's early work was targeted at supporting the groups in forming their own identities and training their leaders in skills such as goal setting, developing an action plan, and identifying specific educational needs of the public.

STAR projects have included such activities as volunteering at a domestic abuse center, holding holiday parties to celebrate recovery and inviting friends not in recovery to attend, writing letters about

women's treatment issues to program administrators, raising money by making and selling craft items, holding community picnics, and assisting women with transportation problems.

Some comments from STAR members attest to the building of a recovery organization that is moving toward engagement with the community:

- *"Isolation was hitting me hard. Male-oriented 12-step meetings closed their doors to me. Then I heard about STAR. STAR members were the first new friends I made in recovery. Now, through STAR, I can reach out to help other stigmatized women."*
- *"We have a weekly discussion group where we discuss whatever members want to talk about with respect to recovery. One woman who came was suicidal, but she seemed to be better by the end of the meeting. By the time she returned the following week, she was smiling and able to laugh. Now she comes to all our meetings."*
- *"We have had to work very hard, but STAR is very good for me, our community, and for the women in it. Our community doesn't want to address addiction. County officials don't even want to acknowledge it. There is a lot of shame in our community. Women who come to our group enjoy talking together, and they develop undying gratitude for STAR's presence. We are growing as a team."*
- *"Our biggest obstacle was building trust. But now we have gained momentum and have started a women's service net work, with help from professionals, and have a group that discusses women's issues, with seven women able to facilitate meetings. Now we're getting out to treatment providers and informing them about the STAR project. We're just starting a program for women coming out of jail. We're trying to provide mentoring for them."*

## ■ Resolving Conflict in Organizations

*Elizabeth Burden  
Consultant*

*Catherine Nugent  
CSAT*

Conflict exists when two or more people are in a situation where their disagreements have become a problem, and all parties involved are willing to participate in a "tug of war" to win or lose. It also can be defined as tension created by differences, which can escalate to become problems, disputes, or even violence. However you define it,

## Lessons learned about . . .

### Message Development

To achieve recovery community goals, grantees need to communicate with many different audiences—people in recovery, their families, the public, policymakers, and others. How do you develop these messages?

- Brainstorm with the membership.
- Listen to the passions of our members and let these passions inform our messages.
- The language we use is very important. Be careful that the language doesn't exclude or alienate those you want to attract or persuade.
- Target specific messages to specific groups and test the messages with people representative of the audience you want to reach before you use them.

*Beverly Haberle  
PRO-ACT*

## **Closing Comments** **From Rick Sampson . . .**

- "The gift you give is yourself, and that brings the power and beauty of recovery to this country. The country has been going through hard times in relation to alcohol, drugs, and addiction. There is now an opportunity to enter a healing time. The beauty of the message you carry is that it is a message of healing."
- "Freeing yourselves from the biological entrapment of addiction, you have re-entered the world with a sense of gifts and healing."
- "One thing I am proud of is that the RCSP grantees have built themselves around a system of values and adhered to them. Your answers are coming from the heart, and truth and honesty are the tools. People in recovery have a collective wisdom. When the compass doesn't point in the right direction or snow covers the tracks, they look within and find the answers."

conflict can cause problems for an organization, including recovery community organizations.

People have differences stemming from:

- Culture or worldview
- Interests, desires, or values
- Status or power and access to resources
- Style or personality.

The differences are not in themselves a cause for conflict, but can lead to conflict if the different views are not respected, valued, or understood.

In an organization, people may disagree about:

- Facts, which are seen from distinctly different viewpoints
- Methods, when people disagree on how to do something
- Goals, when individuals have different goals
- Values
- Relationships, when conflicts are caused by strong emotions, misperceptions, stereotypes, poor communication or miscommunication, or repeated negative interactions
- Structure, caused by unequal control, ownership or distribution of resources, or by unequal power and authority.

Getting a positive outcome when parties are in conflict depends on:

- Being willing to work to resolve the conflict
- Being able to focus on problem solving
- Being able to separate the person from the problem
- Listening actively to what others say
- Asking questions for clarification and to increase understanding
- Paraphrasing what the other party says to ensure you understand it correctly
- Focusing on interests rather than positions
- Using creativity to find alternatives that provide mutual gain
- Risk taking
- Timing
- Giving up one's need to be right
- Taking a deep breath and praying.

Formal and informal routes to conflict resolution exist. In informal approaches, the key steps are:

- Do your homework before you approach the other person, considering what is at stake for each party.
- Deal with your own "stuff," identifying "hot buttons," acknowledging your own, and not giving way to emotion.
- Meet and talk with the other party.
- Agree on ground rules.
- Be creative in brainstorming possible solutions.
- Follow up.

If the informal process fails, formal conflict resolution may be needed.

It has five steps:

- Diagnose the problem and analyze the conflict.
- Recognize patterns of interaction and plan a strategy.
- Work toward resolution, using agreed-upon processes.
- Implement solutions.
- Evaluate and follow up.